



Primary treating physician . . . \_\_\_\_\_  
Date sent to physician . . . . . \_\_\_\_\_  
Please return . . . . . **Within 30 days of receipt**

Type of disability applied for . . . . . \_\_\_\_\_  
Applicant . . . . . \_\_\_\_\_  
SSN . . . . . \_\_\_\_\_  
School district. . . . . \_\_\_\_\_

Accidental  
Both  
Ordinary

## MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

# Disability Applicant's Physician's Statement

### ■ Who should complete this Statement?

In accordance with 840 CMR 10.06(1)(b), this Statement must be prepared by the licensed medical doctor who has furnished primary treatment in connection with the applicant's disability.

### ■ Why are we asking you to complete this Statement?

In the disability retirement application the applicant submitted to the Massachusetts Teachers' Retirement System, the applicant has identified you as the physician who has provided the primary care and treatment for his or her disability.

There are two types of disability retirement:

- **accidental:** an individual is asserting that his or her disability is the result of a job-related incident or injury or hazard undergone.
- **ordinary:** an individual is **not** asserting that his or her disability is the result of a job-related incident or injury or hazard undergone.

Depending on the type of disability retirement the individual has applied for, you are asked to consider specific questions and to submit a written report that supports the medical basis for your conclusions.

### ■ Are there key standards or guidelines that you should consider when completing this Statement?

Yes, please review the definitions contained herein (page 5) of *Accidental Disability, Aggravation of a Pre-Existing Condition, Ordinary Disability, Permanency Standard* and *Risk of Re-injury*.

### ■ Whom should you contact if you have questions about this Statement?

If you have any questions or need clarification, please contact our Disability Case Manager at 617-679-6817.

### ■ What is the process associated with this Statement?

The applicant's disability retirement application will not be considered complete until this completed Statement has been received by the MTRS. Delays in filing any of the required materials will impede timely processing of the application. You need to:

- ☐ **Complete** all sections of this Statement and attach any documentation that may further substantiate your conclusions. Please note that you may provide the requested information by writing your responses in the space provided in this Statement, or by submitting a narrative report using the items listed as your template.
- ☐ **Make a copy** of your completed Statement, and any attachments, for your files.
- ☐ **Send** the completed original Statement, and any attachments, to:  
Disability Case Manager, Massachusetts Teachers' Retirement System  
One Charles Park, Cambridge, MA 02142-1206

#### MAIN OFFICE

One Charles Park  
Cambridge, MA 02142-1206  
Phone 617-679-MTRS (6877)  
Fax 617-679-1661

#### WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510  
Springfield, MA 01144-4028  
Phone 413-784-1711  
Fax 413-784-1707

#### ONLINE

mass.gov/mtrs



MASSACHUSETTS TEACHERS'  
RETIREMENT SYSTEM

**Applicant**  
(see cover)

- Applicant's name \_\_\_\_\_ SSN \_\_\_\_\_
- Type of disability applied for . . . . . Accidental Ordinary Both

**Primary  
Treating  
Physician**

- Name \_\_\_\_\_  
Last First Middle
- Specialization \_\_\_\_\_
- Address \_\_\_\_\_  
Number and street Suite/floor
- \_\_\_\_\_ City State ZIP
- Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
- E-mail \_\_\_\_\_
- Are you certified to practice medicine? No Yes, in the  
following state(s): \_\_\_\_\_
- Regarding your medical license, please provide the following information:
- License number . . . . . \_\_\_\_\_
- Issued by (state). . . . . \_\_\_\_\_
- Date issued . . . . . \_\_\_\_\_
- Have you provided the applicant with  
professional care with respect to his  
or her current disability? . . . . . No Yes, since (month/year): \_\_\_\_\_
- Have you provided the applicant with  
professional care with respect to other  
medical reasons not connected to  
or her current disability? . . . . . No Yes, since (month/year): \_\_\_\_\_
- If the type of disability applied for is  
accidental disability, please state the  
date of injury. . . . . N/A Date: \_\_\_\_\_

# Physician's Certification of Applicant's Disability Status

## Question 1 (must be answered for all applicants):

**Is the applicant mentally or physically incapable  
of performing the essential duties of  
his or her particular job? . . . . .**

Yes

No

- Applicant's date(s) of injury(ies) or exposure(s):

- Applicant's job title: \_\_\_\_\_

- Job duties were reviewed? . . . . . Yes No

- Applicant able to perform essential duties? . . . . . Yes No

If no, when was the applicant last able to perform essential duties? \_\_\_\_\_

Which essential duties cannot be performed by the applicant (restrictions)?

# Physician's Certification of Applicant's Disability Status

Continued

## Question 2 (must be answered for all applicants):

**Is the condition for which the applicant seeks disability retirement likely to be permanent**  
(please refer to *permanency standard*, below)? . . . . .

Yes

No

- What are the applicant's medical diagnoses?

- Please list key test or imaging or other data confirming diagnoses:

- Has the condition(s) changed over time? . . . . .

Yes

No

If in the past 3 months, please describe

If in the past year, please describe

- Non-surgical therapeutic interventions and outcomes:

Medications: \_\_\_\_\_

Chiropractic: \_\_\_\_\_

Other: \_\_\_\_\_

- Surgical interventions and outcomes:

Type of surgery	Date	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Your assessment of anticipated natural course of the diagnoses?

Stable or plateau

Likely to regress

Likely to resolve

- Has Maximum Medical Improvement (MMI) been reached? . . . . .

Yes

No

- If you think the applicant's disability will continue indefinitely, please state why:

# Physician's Certification of Applicant's Disability Status

Continued

**Question 3** (must be answered for accidental disability applicants):

**Is said incapacity such as might be the natural and proximate result of the claimed personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which this disability retirement is based? .....**

Yes

No

- Describe the event(s) or onset of condition(s) that in your opinion led to applicant's disability:
  
  
  
  
  
  
  
  
  
  
- What other life event/circumstance/condition in the applicant's medical history may have contributed to or resulted in the disability claimed?
  
  
  
  
  
  
  
  
  
  
- Upon weighing the medical influence described, is it more likely that the disability was caused by the job-related personal injury or hazard undergone, or the non-work related event or circumstance or condition?

Physician's  
Statement  
and  
Signature

- I, the undersigned physician, understand that the above-named applicant is a member of the Massachusetts Teachers' Retirement System who has applied for disability retirement pursuant to the provisions of Massachusetts General Laws, Chapter 32. I have conducted a physical examination and have knowledge of the pertinent facts of his/her case as described. I certify that I have read and understand the information contained in this statement, and I subscribe, under the penalties of perjury, that the information I have supplied in this Statement and in my attached medical reports (if applicable) is true, complete and correct to the best of my knowledge.

Physician's name (please print) \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

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## Definitions

### **Accidental Disability**

In an application for Accidental Disability Retirement, an applicant asserts that his or her disability is the result of a job-related incident or injury. For such applications, your responses to Questions 1, 2 and 3 are required.

### **Aggravation of a Pre-Existing Condition**

You may find that a previous condition or injury is related to the condition or injury that is the basis of the disability application. If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.

### **Ordinary Disability**

In an application for Ordinary Disability Retirement, an applicant does not assert that his or her disability is the result of a job-related incident or injury. For such applications, your response to Questions 3 is not necessary. But please note that you may also respond to Question 3 if your determination is that consideration of causality is appropriate even though the applicant has not applied for accidental disability retirement.

### **Permanency Standard**

A disability is permanent if it will continue for an indefinite period of time that is likely to never end even though recovery at some remote, unknown time is possible. If you are unable to determine when the applicant will no longer be disabled, you must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the physician makes his or her determination based on the actual examination of the applicant and other available medical tests or medical records that have been provided. It is not the physician's task to look into employment possibilities that may become available to an applicant at some future point in time.

### **Risk of Re-injury**

The Contributory Retirement Appeal Board (CRAB) has found, "even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk to serious harm to the member or third parties." This risk of re-injury has to reasonably be expected to involve a substantial harm.